Payer Information

Name : CareSource
Identifier : 31114 (XV)
Address : P.O. Box 1920
Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management
Payee Identifier : 900595881 (FI)
Address : 23901 Timberlane Dr
Beachwood, OH 44122-1556

Payment Method : NON
Payment Date : 11/15/2017
Check/EFT Number : 0266746

DOS	Proc. (M)	Charges	Allowed	Payment			Reason	Remarks
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Status: Processed as Primary								
DOS 2017	G0397	$130.00	$69.62	$39.62	$30.00	$60.38	PR-3,OA-45	N45N381
SUBTOTAL	1	$130.00	$69.62	$39.62	$30.00	$60.38		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$39.62				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$70.93	$60.93	$10.00	$79.07	PR-3,OA-45	N45N381
	80307	$180.00	$47.41	$47.41		$132.59	OA-45	N381
SUBTOTAL	2	$330.00	$118.34	$108.34	$10.00	$211.66		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$108.34				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$70.93	$60.93	$10.00	$79.07	PR-3,OA-45	N45N381
	80307	$180.00	$47.41	$47.41		$132.59	OA-45	N381
SUBTOTAL	2	$330.00	$118.34	$108.34	$10.00	$211.66		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$108.34				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29		$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76		$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79		$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29		$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48		$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06		$79.94	OA-45	N381
SUBTOTAL	6	$1,290.00	$296.67	$296.67		$993.33		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$296.67				
Insured: [redacted]								
Service Provider: 1780087643 [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213(25SA)	$150.00	$43.61	$43.61		$106.39	OA-45	N381
	G0397(SA)	$130.00		$0.00		$130.00	OA-B10	N390
	80307(SA)	$180.00	$45.04	$45.04		$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74		$5.26	OA-45	N381
SUBTOTAL	4	$480.00	$103.39	$103.39		$376.61		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$103.39				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64418(50SA)	$275.00	$80.20	$80.20		$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04		$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74		$5.26	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
SUBTOTAL	6	$1,125.00	$242.67	$242.67		$882.33		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$242.67				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213(SA)	$150.00		$0.00		$150.00	OA-27	N30
	80307(SA)	$180.00		$0.00		$180.00	OA-27	N30
	80320(SA)	$20.00		$0.00		$20.00	OA-27	N30
SUBTOTAL	3	$350.00		$0.00		$350.00		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$0.00				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								

Status: Processed as Primary

DOS 2017	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	1	$130.00	$50.06	$50.06	$79.94		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $50.06

Insured: [redacted]
Service Provider: 1619178308 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	1	$130.00	$50.06	$50.06	$79.94		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $50.06

Insured: [redacted]
Service Provider: 1619178308 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$1,090.00	$233.90	$233.90	$856.10		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $233.90

Insured: [redacted]
Service Provider: 1619178308 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	1	$130.00	$50.06	$50.06	$79.94		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $50.06

Insured: [redacted]
Service Provider: 1619178308 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,290.00	$296.67	$296.67	$993.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $296.67

Insured: [redacted]
Service Provider: 1780087643 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1619178308 [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381

[redacted]	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$312.70		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
SUBTOTAL	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$45.79		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$925.00	$249.93	$249.93	$675.07		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$249.93		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,290.00	$296.67	$296.67	$993.33		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$296.67		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$925.00	$249.93	$249.93	$675.07		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$249.93		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	1	$130.00	$50.06	$50.06	$79.94		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$50.06		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,290.00	$296.67	$296.67	$993.33		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$296.67		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS					$0.00		
CLAIM TOTAL					$45.79		

Insured: [redacted]
Service Provider: 1619178308 (XX) MARCOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,290.00	$296.67	$296.67	$993.33		
CLAIM ADJUSTMENTS					$0.00		

CLAIM TOTAL $296.67

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	1	$130.00	$50.06	$50.06	$79.94		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $50.06

Insured: [redacted]
Service Provider: 1780087643 (XX) GOU, ANNG
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
SUBTOTAL	5	$1,270.00	$281.19	$281.19	$988.81		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $281.19

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64405	$460.00		$0.00	$460.00	OA-B5	N435
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$1,050.00	$115.72	$115.72	$934.28		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $115.72

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,290.00	$296.67	$296.67	$993.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $296.67

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	1	$130.00	$50.06	$50.06	$79.94		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $50.06

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,290.00	$296.67	$296.67	$993.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $296.67

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$925.00	$249.93	$249.93	$675.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $249.93

Insured: [redacted]
Service Provider: 1780087843 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	5	$1,005.00	$242.67	$242.67	$762.33		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$242.67			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	1	$130.00	$50.06	$50.06	$79.94		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$50.06			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,270.00	$281.19	$281.19	$988.81		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$281.19			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	6	$1,290.00	$296.67	$296.67	$993.33		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$296.67			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$1,090.00	$233.90	$233.90	$856.10		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$233.90			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	1	$130.00	$50.06	$50.06	$79.94		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$50.06			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00		$0.00	$220.00	OA-27	N30
	76942	$400.00		$0.00	$400.00	OA-27	N30
	J3301	$60.00		$0.00	$60.00	OA-27	N30
	80307	$180.00		$0.00	$180.00	OA-27	N30
	80320	$20.00		$0.00	$20.00	OA-27	N30
	G0397	$130.00		$0.00	$130.00	OA-27	N30
	6	$1,010.00		$0.00	$1,010.00		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0396	$130.00	$26.30	$26.30	$103.70	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,290.00	$272.91	$272.91	$1,017.09		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $272.91

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,290.00	$296.67	$296.67	$993.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $296.67

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	64450 (SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$810.00	$170.87	$170.87	$639.13		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $170.87

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	1	$130.00	$50.06	$50.06	$79.94		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $50.06

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	64450 (SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	64418 (RTSA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	5	$1,005.00	$242.67	$242.67	$762.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $242.67

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	64418 (50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$810.00	$170.87	$170.87	$639.13		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $170.87

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

Printing

Payer Information

Name : CareSource
Identifier : 31114 (XV)
Address : P.O. Box 1920
Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management
Payee Identifier : 900595881 (FI)
Address : 23901 Timberlane Dr
Beachwood, OH 44122-1556
Payment Method : NON
Payment Date : 12/6/2017
Check/EFT Number : 0987013

DOS	Proc.(M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64418(50SA)	$275.00	$80.20	$80.20		$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04		$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74		$5.26	OA-45	N381
SUBTOTAL	6	$1,125.00	$242.67	$242.67		$882.33		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$242.67				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73		$882.27		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$207.73				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04		$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74		$5.26	OA-45	N381
SUBTOTAL	6	$1,290.00	$267.51	$267.51		$1,022.49		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$267.51				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79		$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79		$104.21		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$45.79				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
	4	$1,090.00	$207.73	$207.73		$882.27		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$207.73				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
	4	$1,090.00	$207.73	$207.73		$882.27		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$207.73				
Insured: [redacted]								
Service [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
	4	$1,090.00	$207.73	$207.73		$882.27		

CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
SUBTOTAL	1	$150.00	$43.61	$43.61	$106.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	64418(SA50)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,125.00	$242.67	$242.67	$882.33		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$242.67			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	5	$1,110.00	$222.47	$222.47	$887.53		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$222.47			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
SUBTOTAL	1	$150.00	$43.61	$43.61	$106.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
SUBTOTAL	1	$150.00	$43.61	$43.61	$106.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							
Status: Processed as Primary							
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			
Insured: [redacted]							
Service Provider: 1780087643 (XX) LIU, JING							
Claim/Patient Account Number: [redacted]							
Product Name: Medicaid ABD (Aged, Blind or Disabled)							

Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213 (SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	G0397 (SA)	$130.00		$0.00	$130.00	OA-B10	N390
	2	$280.00	$43.61	$43.61	$236.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	64450 (SA)	$220.00	$26.26	$26.26	$193.74	OA-45	N10
	7	$1,290.00	$241.25	$241.25	$1,048.75		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$241.25			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	64450 (SA)	$220.00	$26.26	$26.26	$193.74	OA-45	N10
	7	$1,290.00	$241.25	$241.25	$1,048.75		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$241.25			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	64450 (SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	7	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213 (SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	1	$150.00	$43.61	$43.61	$106.39		
				$0.00			
CLAIM TOTAL				$43.61			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418 (50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,125.00	$242.67	$242.67	$882.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $242.67

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	4	$925.00	$182.89	$182.89	$742.11		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $182.89

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00		$0.00	$440.00	OA-27	N30
	76942(SA)	$400.00		$0.00	$400.00	OA-27	N30
	J3301(SA)	$120.00		$0.00	$120.00	OA-27	N30
	G0397(SA)	$130.00		$0.00	$130.00	OA-27	N30
	4	$1,090.00		$0.00	$1,090.00		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $0.00

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	1	$150.00	$43.61	$43.61	$106.39		

$0.00

CLAIM TOTAL $43.61

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381

[redacted]	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	5	$1,090.00	$207.73	$207.73	$882.27		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	1	$150.00	$43.61	$43.61	$106.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			

[redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00		$0.00	$440.00	OA-27	N30
	76942(SA)	$400.00		$0.00	$400.00	OA-27	N30
	J3301(SA)	$120.00		$0.00	$120.00	OA-27	N30
	G0397(SA)	$130.00		$0.00	$130.00	OA-27	N30
	4	$1,090.00		$0.00	$1,090.00		
				$0.00			
				$0.00			

[redacted]
0087643 (XX) LIU, JING
Number: [redacted]
d CFC (Covered Families and Children)
Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	5	$1,110.00	$222.47	$222.47	$887.53		
				$0.00			
				$222.47			

[redacted]
9178308 (XX) MARGOLIN, LEON
Number: [redacted]
d CFC (Covered Families and Children)
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DOS 2017 [redacted]	99213(25)	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	G0396	$130.00		$0.00	$130.00	OA-B10	N390
	2	$280.00	$45.79	$45.79	$234.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Secondary

DOS 2017 [redacted]	64450	$440.00	$110.29	$0.00	$440.00	OA-45,OA-23N420N4N381 OA-22
	76942	$400.00	$57.76	$0.00	$400.00	OA-45,OA-23N420N4N381 OA-22
	J3301	$120.00	$15.79	$2.26	$117.74	OA-45,OA-23N420N23N381
	G0397	$130.00	$50.06	$1.21	$128.79	OA-45,OA-23 N420N381
	80307	$180.00	$47.29	$7.06	$172.94	OA-45,OA-23N420N23N381
	80320	$20.00	$15.48	$0.00	$20.00	OA-45,OA-23 N23N381

SUBTOTAL	6	$1,290.00	$296.67	$10.53	$1,279.47		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$10.53			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$206.34			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	4	$1,090.00	$207.73	$207.73	$882.27		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	20553	$125.00		$0.00	$125.00	OA-27	N30
	76942	$400.00		$0.00	$400.00	OA-27	N30
	J3301	$60.00		$0.00	$60.00	OA-27	N30
	G0397	$130.00		$0.00	$130.00	OA-27	N30
	80307	$180.00		$0.00	$180.00	OA-27	N30
	80320	$20.00		$0.00	$20.00	OA-27	N30
	6	$915.00		$0.00	$915.00		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

DOS 2017	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64418(50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,125.00	$242.67	$242.67	$882.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $242.67

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64418(50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,125.00	$242.67	$242.67	$882.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $242.67

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64450(SA)	$440.00	$52.52	$52.52	$387.48	OA-45	N10
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	4	$1,090.00	$155.21	$155.21	$934.79		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $155.21

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Secondary

DOS 2017	64450	$440.00	$110.29	$0.00	$440.00	OA-45,OA-23N420N4N381 OA-22
	76942	$400.00	$57.76	$0.00	$400.00	OA-45,OA-23N420N4N381 OA-22
	J3301	$120.00	$15.79	$2.16	$117.84	OA-45,OA-23 N420N381
	99409	$230.00		$0.00	$230.00	OA-182,OA-23 N420N4M51 OA-22
	4	$1,190.00	$183.84	$2.16	$1,187.84	

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL				$2.16	
TOTAL	237	$51,215.00	$9,733.33	$9,265.51	$41,949.49
PROVIDER ADJUSTMENTS				$9,265.51	
PAYMENT TOTAL				$0.00	

ADJUSTMENT REASON CODES:

OA: Other adjustments
45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
B10: Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the
27: Expenses incurred after coverage terminated.
59: Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)
23: The impact of prior payer(s) adjudication including payments and/or adjustments.
22: This care may be covered by another payer per coordination of benefits.
182: Procedure modifier was invalid on the date of service.

REMARK CODES:

N381: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
N390: This service/report cannot be billed separately.
N10: Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
N30: Patient ineligible for this service.
N19: Procedure code incidental to primary procedure.
N420: Claim payment was the result of a payer's retroactive adjustment due to a Coordination of Benefits or Third Party Liability Recovery.
N4: Missing/incomplete/invalid prior insurance carrier EOB.
N23: Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
M51: Missing/incomplete/invalid procedure code(s).

Provider Level Adjustments

Provider ID : CS1617500183
Fiscal Period Date : 12/31/2017

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	$9,265.51	1711031444081600

Payer Information
Name : CareSource
Identifier : 31114 (XV)
Address : P.O. Box 1920
Dayton, OH 45401

Payment Information
Payee Name : Comprehensive Pain Management
Payee Identifier : 900595881 (FI)
Address : 23901 Timberlane Dr
Beachwood, OH 44122-1556
Payment Method : NON
Payment Date : 12/6/2017
Check/EFT Number : 0987013

DOS	Proc.(M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: [redacted]								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64418(50SA)	$275.00	$80.20	$80.20		$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04		$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74		$5.26	OA-45	N381
SUBTOTAL	6	$1,125.00	$242.67	$242.67		$882.33		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$242.67				
Insured: [redacted]								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73		$882.27		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$207.73				
Insured: [redacted]								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04		$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74		$5.26	OA-45	N381
SUBTOTAL	6	$1,290.00	$267.51	$267.51		$1,022.49		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$267.51				
Insured: [redacted]								
Service Provider: 1619783068 (XX) MARQUIN, LEON								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79		$104.21	OA-45	N381
SUBTOTAL	1	$150.00	$45.79	$45.79		$104.21		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$45.79				
Insured: [redacted]								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73		$882.27		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$207.73				
Insured: [redacted]								
Service Provider: 1780087643 (XX) LIU, JING								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04		$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01		$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00		$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68		$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73		$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
SUBTOTAL	1	$150.00	$43.61	$43.61	$106.39		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $43.61

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(SA50)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,125.00	$242.67	$242.67	$882.33		

$0.00

$242.67

[redacted]
Number: [redacted]
ABD (Aged, Blind or Disabled)
Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	5	$1,110.00	$222.47	$222.47	$887.53		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $222.47

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
SUBTOTAL	1	$150.00	$43.61	$43.61	$106.39		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $43.61

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
SUBTOTAL	1	$150.00	$43.61	$43.61	$106.39		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $43.61

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)

Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	G0397(SA)	$130.00		$0.00	$130.00	OA-B10	N390
	2	$280.00	$43.61	$43.61	$236.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	64450(SA)	$220.00	$26.26	$26.26	$193.74	OA-45	N10
	7	$1,290.00	$241.25	$241.25	$1,048.75		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$241.25			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	64450(SA)	$220.00	$26.26	$26.26	$193.74	OA-45	N10
	7	$1,290.00	$241.25	$241.25	$1,048.75		
				$0.00			
				$241.25			

[redacted]
Number: [redacted]
d CFC (Covered Families and Children)
Primary

DOS 2017 [redacted]	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	7	$1,290.00	$267.51	$267.51	$1,022.49		
				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	1	$150.00	$43.61	$43.61	$106.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			

Insured: [redacted]
Service Provider: 1780087643 (XX) [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,125.00	$242.67	$242.67	$882.33		

[redacted]

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $242.67

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	4	$925.00	$182.89	$182.89	$742.11		
				$0.00			
				$182.89			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00		$0.00	$440.00	OA-27	N30
	76942(SA)	$400.00		$0.00	$400.00	OA-27	N30
	J3301(SA)	$120.00		$0.00	$120.00	OA-27	N30
	G0397(SA)	$130.00		$0.00	$130.00	OA-27	N30
SUBTOTAL	4	$1,090.00		$0.00	$1,090.00		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $0.00

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
				$0.00			
				$267.51			

[redacted]
9178308 (XX) MARGOLIN, LEON
Number: [redacted]
d CFC (Covered Families and Children)
Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
				$0.00			
				$269.11			

[redacted]
0087643 (XX) LIU, JING
Number: [redacted]
d CFC (Covered Families and Children)
Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	1	$150.00	$43.61	$43.61	$106.39		
				$0.00			
				$43.61			

[redacted]
0087643 (XX) LIU, JING
Number: [redacted]
d CFC (Covered Families and Children)
Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381

[redacted]	64450(SA)	$220.00	$52.52	$52.52	$167.48	OA-45	N381
	5	$1,090.00	$207.73	$207.73	$882.27		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213(SA)	$150.00	$43.61	$43.61	$106.39	OA-45	N381
	1	$150.00	$43.61	$43.61	$106.39		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$43.61			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00		$0.00	$440.00	OA-27	N30
	76942(SA)	$400.00		$0.00	$400.00	OA-27	N30
	J3301(SA)	$120.00		$0.00	$120.00	OA-27	N30
	G0397(SA)	$130.00		$0.00	$130.00	OA-27	N30
	4	$1,090.00		$0.00	$1,090.00		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,290.00	$267.51	$267.51	$1,022.49		
				$0.00			
				$267.51			

[redacted]
Number: [redacted]
d CFC (Covered Families and Children)
Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	5	$1,110.00	$222.47	$222.47	$887.53		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$222.47			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213(25)	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	G0396	$130.00		$0.00	$130.00	OA-B10	N390
	2	$280.00	$45.79	$45.79	$234.21		
				$0.00			
				$45.79			

[redacted]
Number: [redacted]
d CFC (Covered Families and Children)
Secondary

DOS 2017 [redacted]	64450	$440.00	$110.29	$0.00	$440.00	OA-45,OA-23N420N4N381 OA-22
	76942	$400.00	$57.76	$0.00	$400.00	OA-45,OA-23N420N4N381 OA-22
	J3301	$120.00	$15.79	$2.26	$117.74	OA-45,OA-23N420N23N381
	G0397	$130.00	$50.06	$1.21	$128.79	OA-45,OA-23 N420N381
	80307	$180.00	$47.29	$7.06	$172.94	OA-45,OA-23N420N23N381
	80320	$20.00	$15.48	$0.00	$20.00	OA-45,OA-23 N23N381

SUBTOTAL	6	$1,290.00	$296.67	$10.53	$1,279.47		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$10.53			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	5	$1,090.00	$206.34	$206.34	$883.66		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$206.34			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$207.73			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450(SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942(SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301(SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397(SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307(SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320(SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,290.00	$267.51	$267.51	$1,022.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$267.51			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	20553	$125.00		$0.00	$125.00	OA-27	N30
	76942	$400.00		$0.00	$400.00	OA-27	N30
	J3301	$60.00		$0.00	$60.00	OA-27	N30
	G0397	$130.00		$0.00	$130.00	OA-27	N30
	80307	$180.00		$0.00	$180.00	OA-27	N30
	80320	$20.00		$0.00	$20.00	OA-27	N30
SUBTOTAL	6	$915.00		$0.00	$915.00		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
SUBTOTAL	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)

Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
SUBTOTAL	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418 (50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,125.00	$242.67	$242.67	$882.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $242.67

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418 (50SA)	$275.00	$80.20	$80.20	$194.80	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,125.00	$242.67	$242.67	$882.33		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $242.67

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$207.73	$207.73	$882.27		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $207.73

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$440.00	$52.52	$52.52	$387.48	OA-45	N10
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
SUBTOTAL	4	$1,090.00	$155.21	$155.21	$934.79		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $155.21

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450 (SA)	$440.00	$105.04	$105.04	$334.96	OA-45	N381
	76942 (SA)	$400.00	$55.01	$55.01	$344.99	OA-45	N381
	J3301 (SA)	$120.00		$0.00	$120.00	OA-45	N381
	G0397 (SA)	$130.00	$47.68	$47.68	$82.32	OA-45	N381
	80307 (SA)	$180.00	$45.04	$45.04	$134.96	OA-45	N381
	80320 (SA)	$20.00	$14.74	$14.74	$5.26	OA-45	N381
SUBTOTAL	6	$1,290.00	$267.51	$267.51	$1,022.49		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $267.51

Insured: [redacted]
Service Provider: 1619778308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Secondary

DOS 2017 [redacted]	64450	$440.00	$110.29	$0.00	$440.00	OA-45,OA-23N420N4N381 OA-22
	76942	$400.00	$57.76	$0.00	$400.00	OA-45,OA-23N420N4N381 OA-22
	J3301	$120.00	$15.79	$2.16	$117.84	OA-45,OA-23 N420N381
	99409	$230.00		$0.00	$230.00	OA-182,OA-23 N420N4M51 OA-22
SUBTOTAL	4	$1,190.00	$183.84	$2.16	$1,187.84	

CLAIM ADJUSTMENTS $0.00

Payer Information

Name : CareSource
Identifier : 31114 (XV)
Address : P.O. Box 1920
Dayton, OH 45401

Payment Information

Payee Name : Comprehensive Pain Management
Payee Identifier : 900595881 (FI)
Address : 23901 Timberlane Dr
Beachwood, OH 44122-1556
Payment Method : NON
Payment Date : 11/29/2017
Check/EFT Number : 0697837

DOS	Proc.(M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: [redacted]								
Service Provider: [redacted]								
Claim/Patient Account Number: [redacted]								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$70.93	$70.93		$79.07	OA-45	N381
	1	$150.00	$70.93	$70.93		$79.07		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$70.93				
Insured: [redacted]								
Service Provider: [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15		$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58		$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76		$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79		$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06		$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29		$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48		$4.52	OA-45	N381
SUBTOTAL	7	$1,290.00	$269.11	$269.11		$1,020.89		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$269.11				
Insured: [redacted]								
Service Provider: 1619178308 [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79		$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79		$104.21		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$45.79				
Insured: [redacted]								
Service Provider: [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79		$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79		$104.21		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$45.79				
Insured: [redacted]								
Service Provider: [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79		$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79		$104.21		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$45.79				
Insured: [redacted]								
Service Provider: [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79		$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79		$104.21		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$45.79				
Insured: [redacted]								
Service Provider: [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79		$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79		$104.21		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$45.79				
Insured: [redacted]								

Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$206.34			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$206.34			

Insured:
Service Provider: 161917830S (XX) MARGOLIN, LEON
Claim/Patient Account Number:

Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80305(QW)	$180.00	$8.87	$8.87	$171.13	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$230.69	$230.69	$1,059.31		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$230.69			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$206.34			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Reversal of Previous Payment

DOS 2017 [redacted]	64450	-$220.00	-$55.15	-$164.85	OA-45	N381
	64450(51)	-$220.00	-$27.58	-$192.42	OA-59	N19
	76942	-$400.00	-$57.76	-$342.24	OA-45	N381
	J3301	-$120.00	-$15.79	-$104.21	OA-45	N381
	G0397	-$130.00	-$50.06	-$79.94	OA-45	N381
	80307	-$180.00	-$47.29	-$132.71	OA-45	N381
	80320	-$20.00	-$15.48	-$4.52	OA-45	N381
	7	-$1,290.00	-$269.11	-$1,020.89		
CLAIM ADJUSTMENTS			$0.00			
CLAIM TOTAL			-$269.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J

[redacted]

Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARQUIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARQUIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARQUIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARQUIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARQUIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARQUIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARQUIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]

[redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$925.00	$249.93	$249.93	$675.07		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$249.93			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	3	$970.00	$218.11	$218.11	$751.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$218.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(LT)	$275.00		$0.00	$275.00	OA-27	N30
	76942	$400.00		$0.00	$400.00	OA-27	N30
	J3301	$60.00		$0.00	$60.00	OA-27	N30
	G0397	$130.00		$0.00	$130.00	OA-27	N30
	4	$865.00		$0.00	$865.00		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	1	$150.00	$45.79	$45.79	$104.21		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$45.79			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213(25)	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	G0397	$130.00		$0.00	$130.00	OA-B10	N390
	2	$280.00	$45.79	$45.79	$234.21		
				$0.00			
				$45.79			

[redacted]
Number: [redacted]
CFC (Covered Families and Children)
Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
SUBTOTAL	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$925.00	$249.93	$249.93	$675.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $249.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
SUBTOTAL	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

TOTAL	364	$28,530.00	$6,925.00	$6,655.89	$21,874.11		

PROVIDER ADJUSTMENTS $6,655.89

PAYMENT TOTAL $0.00

ADJUSTMENT REASON CODES:

OA: Other adjustments
45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
59: Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)
27: Expenses incurred after coverage terminated.
B10: Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the

REMARK CODES:

N381: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
N19: Procedure code incidental to primary procedure.
N30: Patient ineligible for this service.
N390: This service/report cannot be billed separately.

Provider Level Adjustments

Provider ID : CS1617500183
Fiscal Period Date : 12/31/2017

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	$6,655.89	1711031444081600

Payer Information
Name : CareSource
Identifier : 31114 (XV)
Address : P.O. Box 1920
Dayton, OH 45401

Payment Information
Payee Name : Comprehensive Pain Management
Payee Identifier : 900595881 (FI)
Address : 23901 Timberlane Dr
Beachwood, OH 44122-1556
Payment Method : NON
Payment Date : 11/22/2017
Check/EFT Number : 0485925

DOS	Proc.(M)	Charges	Allowed	Payment	Pat. Resp.	Not-Cov.	Adj. Reason	Remarks
Insured: [redacted]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15		$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58		$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76		$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79		$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06		$79.94	OA-45	N381
SUBTOTAL	5	$1,090.00	$206.34	$206.34		$883.66		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$206.34				
Insured: [redacted]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15		$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58		$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76		$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79		$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06		$79.94	OA-45	N381
SUBTOTAL	5	$1,090.00	$206.34	$206.34		$883.66		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$206.34				
Insured: [redacted]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29		$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76		$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06		$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29		$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48		$4.52	OA-45	N381
SUBTOTAL	5	$1,170.00	$280.88	$280.88		$889.12		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$280.88				
Insured: [redacted]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32		$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76		$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06		$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29		$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48		$4.52	OA-45	N381
SUBTOTAL	5	$1,005.00	$296.91	$296.91		$708.09		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$296.91				
Insured: [redacted]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15		$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58		$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76		$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79		$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06		$79.94	OA-45	N381
SUBTOTAL	5	$1,090.00	$206.34	$206.34		$883.66		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$206.34				
Insured: [redacted]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Secondary								
DOS 2017 [redacted]	64418(50)	$275.00		$0.00		$275.00	OA-22	N4
	76942	$400.00		$0.00		$400.00	OA-22	N4
	J3301	$120.00		$0.00		$120.00	OA-22	N4
	G0397	$130.00		$0.00		$130.00	OA-22	N4
	80307	$180.00		$0.00		$180.00	OA-22	N4
	80320	$20.00		$0.00		$20.00	OA-22	N4
SUBTOTAL	6	$1,125.00		$0.00		$1,125.00		
CLAIM ADJUSTMENTS				$0.00				
CLAIM TOTAL				$0.00				
Insured: [redacted]								
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]								
Claim/Patient Account Number: [redacted]								
Product Name: Medicaid ABD (Aged, Blind or Disabled)								
Status: Processed as Primary								
DOS 2017 [redacted]								

[redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.70			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99203	$205.00		$0.00	$205.00	OA-18	M86
	95924	$160.00		$0.00	$160.00	OA-18	M86
	93040(59)	$27.70		$0.00	$27.70	OA-18	M86
	95923	$370.00		$0.00	$370.00	OA-18	M86
	95912	$400.00		$0.00	$400.00	OA-18	M86
	95885	$100.00		$0.00	$100.00	OA-18	M86
	80307	$180.00		$0.00	$180.00	OA-18	M86
	80320	$20.00		$0.00	$20.00	OA-18	M86
	8	$1,462.70		$0.00	$1,462.70		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	G0397(59)	$130.00		$0.00	$130.00	OA-182	M51
	1	$130.00		$0.00	$130.00		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381

[redacted]	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$925.00	$249.93	$249.93	$675.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $249.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$925.00	$249.93	$249.93	$675.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $249.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 161[redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$925.00	$249.93	$249.93	$675.07		

$0.00

$249.93

[redacted]
Number: [redacted]
ABD (Aged, Blind or Disabled)
Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	3	$805.00	$234.14	$234.14	$570.86		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $234.14

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99203	$205.00	$60.65	$60.65	$144.35	OA-45	N381
	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	93040(59)	$27.70	$11.53	$11.53	$16.17	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	95912	$400.00	$145.29	$145.29	$254.71	OA-45	N381
	95886	$120.00	$30.39	$30.39	$89.61	OA-45	N381
	6	$1,282.70	$378.84	$378.84	$903.86		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $378.84

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381

[redacted]	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$1,090.00	$233.90	$233.90	$856.10		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $233.90

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	5	$1,170.00	$280.88	$280.88	$889.12		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $280.88

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		

$0.00

$206.34

[redacted]
Number: [redacted]
d ABD (Aged, Blind or Disabled)
Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

$0.00

$269.11

[redacted]
Number: [redacted]
d ABD (Aged, Blind or Disabled)
Primary

DOS 2017 [redacted]	64418(LT)	$275.00	$84.21	$84.21	$190.79	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$865.00	$199.93	$199.93	$665.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $199.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$925.00	$249.93	$249.93	$675.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $249.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	80305	$180.00	$8.87	$8.87	$171.13	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	3	$350.00	$70.14	$70.14	$279.86		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $70.14

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]

Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	5	$1,005.00	$296.91	$296.91	$708.09		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $296.91

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64418(RT)	$275.00	$84.21	$84.21	$190.79	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$865.00	$199.93	$199.93	$665.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $199.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	6	$1,270.00	$253.63	$253.63	$1,016.37		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $253.63

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,010.00	$233.64	$233.64	$776.36		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $233.64

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$810.00	$170.87	$170.87	$639.13		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $170.87

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381

[redacted]	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, JASON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.04	$15.04	$104.96	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$1,090.00	$233.15	$233.15	$856.85		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $233.15

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, JASON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, JASON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid ABD (Aged, Blind or Disabled)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, JASON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	6	$1,270.00	$253.63	$253.63	$1,016.37		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $253.63

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, JASON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$440.00	$110.29	$110.29	$329.71	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	5	$1,170.00	$280.88	$280.88	$889.12		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $280.88

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, JASON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$0.00	$0.00	$180.00	OA-45	N381
	6	$1,270.00	$206.34	$206.34	$1,063.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, JASON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	3	$350.00	$108.56	$108.56	$241.44		

$0.00

$108.56

[redacted]

Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00		$0.00	$220.00	OA-4	M51
	64450(51)	$220.00		$0.00	$220.00	OA-4	M51
	76942	$400.00		$0.00	$400.00	OA-4	M51
	J3301	$120.00		$0.00	$120.00	OA-4	M51
	G0397	$130.00		$0.00	$130.00	OA-4	M51
	5	$1,090.00		$0.00	$1,090.00		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$0.00			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$925.00	$249.93	$249.93	$675.07		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$249.93			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$206.34			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$269.11			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99203	$205.00	$60.65	$60.65	$144.35	OA-45	N381
	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	93040(59)	$27.70	$11.53	$11.53	$16.17	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	95912	$400.00	$145.29	$145.29	$254.71	OA-45	N381
	95885	$100.00	$19.16	$19.16	$80.84	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	8	$1,462.70	$430.38	$430.38	$1,032.32		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$430.38			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$206.34			

Insured: [redacted]
Service [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

[redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99203	$205.00	$60.65	$60.65	$144.35	OA-45	N381
	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	93040(59)	$27.70	$11.53	$11.53	$16.17	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	95912	$400.00	$145.29	$145.29	$254.71	OA-45	N381
	95885	$100.00	$19.16	$19.16	$80.84	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	8	$1,462.70	$430.38	$430.38	$1,032.32		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $430.38

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1780087643 (XX) LIU, JING
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00		$0.00	$275.00	OA-4	M51
	76942	$400.00		$0.00	$400.00	OA-4	M51
	J3301	$120.00		$0.00	$120.00	OA-4	M51
	G0397	$130.00		$0.00	$130.00	OA-4	M51
	80305	$180.00	$8.45	$8.45	$171.55	OA-45	N381
	80320	$20.00	$14.74	$14.74	$5.26	OA-45	N381
	6	$1,125.00	$23.19	$23.19	$1,101.81		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $23.19

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99203	$205.00	$60.65	$60.65	$144.35	OA-45	N381
	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	95912	$400.00	$145.29	$145.29	$254.71	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,335.00	$399.69	$399.69	$935.31		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $399.69

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80305(QW)	$180.00	$8.87	$8.87	$171.13	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$274.28	$274.28	$850.72		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $274.28

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80305	$180.00	$8.87	$8.87	$171.13	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	5	$1,005.00	$258.49	$258.49	$746.51		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $258.49

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

[redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$925.00	$249.93	$249.93	$675.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $249.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(LT)	$275.00	$84.21	$84.21	$190.79	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$865.00	$199.93	$199.93	$665.07		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $199.93

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	5	$945.00	$265.41	$265.41	$679.59		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $265.41

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	6	$1,270.00	$253.63	$253.63	$1,016.37		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $253.63

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00		$0.00	$220.00	OA-27	N30
	64450(51)	$220.00		$0.00	$220.00	OA-27	N30
	76942	$400.00		$0.00	$400.00	OA-27	N30
	J3301	$120.00		$0.00	$120.00	OA-27	N30
	G0397	$130.00		$0.00	$130.00	OA-27	N30
	5	$1,090.00		$0.00	$1,090.00		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $0.00

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99203	$205.00	$60.65	$60.65	$144.35	OA-45	N381
	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	93040(59)	$27.70	$11.53	$11.53	$16.17	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	4	$762.70	$203.16	$203.16	$559.54		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $203.16

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	5	$1,090.00	$206.34	$206.34	$883.66		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $206.34

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80305	$180.00	$8.87	$8.87	$171.13	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$230.69	$230.69	$1,059.31		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $230.69

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	3	$350.00	$108.56	$108.56	$241.44		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $108.56

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017 [redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

Insured: [redacted]

[redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
[redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

[redacted]
Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
[redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

[redacted]
Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
[redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.90	$7.90	$52.10	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80305	$180.00	$8.87	$8.87	$171.13	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,010.00	$195.22	$195.22	$814.78		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $195.22

[redacted]
Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Secondary

DOS 2017							
[redacted]	64450(50)	$220.00	$82.73	$82.73	$137.27	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.04	$14.16	$105.84	OA-45,OA-23	N23N381
	G0397	$130.00	$50.06	$45.40	$84.60	OA-45,OA-23	N23N381
	80305	$180.00	$8.87	$3.73	$176.27	OA-45,OA-23	N23N381
	5	$1,050.00	$214.46	$203.78	$846.22		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $203.78

[redacted]
Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
[redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$269.11	$269.11	$1,020.89		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $269.11

[redacted]
Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
[redacted]	64450	$220.00	$55.15	$55.15	$164.85	OA-45	N381
	64450(51)	$220.00	$27.58	$27.58	$192.42	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80305(QW)	$180.00	$8.87	$8.87	$171.13	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,290.00	$230.69	$230.69	$1,059.31		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $230.69

[redacted]
Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2017							
[redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$15.79	$15.79	$104.21	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	80307	$180.00	$47.29	$47.29	$132.71	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,125.00	$312.70	$312.70	$812.30		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $312.70

TOTAL	486	$96,323.50	$20,385.39	$20,374.71	$75,948.79
PROVIDER ADJUSTMENTS				$20,374.71	
PAYMENT TOTAL				$0.00	

ADJUSTMENT REASON CODES:

OA: Other adjustments
45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
59: Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.)
22: This care may be covered by another payer per coordination of benefits.
18: Exact duplicate claim/service.
182: Procedure modifier was invalid on the date of service.
4: The procedure code is inconsistent with the modifier used or a required modifier is missing.
27: Expenses incurred after coverage terminated.
23: The impact of prior payer(s) adjudication including payments and/or adjustments.

REMARK CODES:

N381: Consult our contractual agreement for restrictions/billing/payment information related to these charges.
N19: Procedure code incidental to primary procedure.
N4: Missing/incomplete/invalid prior insurance carrier EOB.
M86: Service denied because payment already made for same/similar procedure within set time frame.
M51: Missing/incomplete/invalid procedure code(s).
N30: Patient ineligible for this service.
N23: Alert: Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.

Provider Level Adjustments

Provider ID : CS1617500183
Fiscal Period Date : 12/31/2017

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	$20,374.71	1711031444081600

[redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	3	$655.00	$107.82	$107.82	$547.18		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $107.82

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	94760	$15.00		$0.00	$15.00	OA-97	M15
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	4	$670.00	$107.82	$107.82	$562.18		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $107.82

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	3	$655.00	$107.82	$107.82	$547.18		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $107.82

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$14.95	$14.95	$105.05	OA-45	N381
	94760	$15.00		$0.00	$15.00	OA-97	M15
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	5	$940.00	$249.09	$249.09	$690.91		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $249.09

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	64418	$275.00	$84.21	$84.21	$190.79	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	94760	$15.00		$0.00	$15.00	OA-97	M15
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
SUBTOTAL	5	$910.00	$201.30	$201.30	$708.70		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $201.30

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
SUBTOTAL	1	$150.00	$45.79	$45.79	$104.21		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $45.79

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	3	$655.00	$107.82	$107.82	$547.18		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $107.82

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	5	$765.00	$132.57	$132.57	$632.43		

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $132.57

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	64418(50)	$275.00		$0.00	$275.00	$0.00	PR-27 N30
	76942	$400.00		$0.00	$400.00	$0.00	PR-27 N30
	G0397	$130.00		$0.00	$130.00	$0.00	PR-27 N30
SUBTOTAL	3	$805.00		$0.00	$805.00	$0.00	

CLAIM ADJUSTMENTS $0.00

CLAIM TOTAL $0.00

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

[redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$14.95	$14.95	$105.05	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,035.00	$273.84	$273.84	$761.16		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$273.84			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	95912	$400.00	$145.29	$145.29	$254.71	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	5	$1,040.00	$301.02	$301.02	$738.98		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$301.02			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
SUBTOTAL	2	$240.00	$55.06	$55.06	$184.94		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$55.06			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$14.95	$14.95	$105.05	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,035.00	$273.84	$273.84	$761.16		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$273.84			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
SUBTOTAL	2	$240.00	$55.06	$55.06	$184.94		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$55.06			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	94760	$15.00		$0.00	$15.00	OA-97	M15
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	5	$650.00	$82.51	$82.51	$567.49		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$82.51			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	95912	$400.00	$145.29	$145.29	$254.71	OA-45	N381
	95885	$100.00	$19.16	$19.16	$80.84	OA-45	N381
	76000	$150.00	$45.94	$45.94	$104.06	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	8	$1,420.00	$416.18	$416.18	$1,003.82		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$416.18			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
SUBTOTAL	3	$655.00	$107.82	$107.82	$547.18		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$107.82			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$14.95	$14.95	$105.05	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
SUBTOTAL	6	$1,035.00	$273.84	$273.84	$761.16		
CLAIM ADJUSTMENTS				$0.00			

CLAIM TOTAL			$273.84				

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]							
	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	94760	$15.00		$0.00	$15.00	OA-97	M15
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	4	$820.00	$234.14	$234.14	$585.86		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$234.14			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]							
	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$14.95	$14.95	$105.05	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,035.00	$273.84	$273.84	$761.16		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$273.84			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]							
	95924	$160.00	$81.99	$81.99	$78.01	OA-45	N381
	G0446(59)	$35.50		$0.00	$35.50	OA-182	M51
	93040(59)	$27.70	$11.53	$11.53	$16.17	OA-45	N381
	95923	$370.00	$48.99	$48.99	$321.01	OA-45	N381
	95912	$400.00	$145.29	$145.29	$254.71	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	7	$1,103.20	$312.55	$312.55	$790.65		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$312.55			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]							
	64418	$275.00	$84.21	$84.21	$190.79	OA-45	N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$60.00	$7.48	$7.48	$52.52	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$975.00	$224.26	$224.26	$750.74		
				$0.00			
				$224.26			

[redacted]
[redacted]
[redacted]

DOS 2016 [redacted]							
	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	94760	$15.00		$0.00	$15.00	OA-97	M15
	3	$540.00	$57.76	$57.76	$482.24		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$57.76			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]							
	64418(50)	$275.00	$126.32	$126.32	$148.68	OA-59	N19
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	J3301	$120.00	$14.95	$14.95	$105.05	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	6	$1,035.00	$273.84	$273.84	$761.16		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$273.84			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]							
	20553	$125.00		$0.00	$125.00	OA-197,OA-45	M62N381
	76942	$400.00	$57.76	$57.76	$342.24	OA-45	N381
	G0397	$130.00	$50.06	$50.06	$79.94	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	5	$765.00	$132.57	$132.57	$632.43		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$132.57			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]
Product Name: Medicaid CFC (Covered Families and Children)
Status: Processed as Primary

DOS 2016 [redacted]							
	99213	$150.00	$45.79	$45.79	$104.21	OA-45	N381
	G0477(QW)	$90.00	$9.27	$9.27	$80.73	OA-45	N381
	80320	$20.00	$15.48	$15.48	$4.52	OA-45	N381
	3	$260.00	$70.54	$70.54	$189.46		
CLAIM ADJUSTMENTS				$0.00			
CLAIM TOTAL				$70.54			

Insured: [redacted]
Service Provider: 1619178308 (XX) MARGOLIN, LEON J [redacted]
Claim/Patient Account Number: [redacted]

Overpayment Recovery	$46.76	[redacted]
Overpayment Recovery	$46.76	[redacted]
Overpayment Recovery	$46.76	[redacted]

Provider ID : 900595881050
Fiscal Period Date : 12/31/2016

Adj. Reason	Adj. Amount	Reference Number
Overpayment Recovery	$27.11	[redacted]